As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

the specification of w	hich is at	tached hereto unless	the following box is o	hecked:
•			•	
		as US Application No. or PCT International Application and was amended on (if applicable).		
hereby state that I including the claims,	have rev	iewed and understooded by any amendm	od the contents of th	e above-identified specification ve. I acknowledge the duty
Foreign Application(s) and/		•		
hereby claim foreign prio inventor(s) certificate listed e filing date before that of	d below and	have also identified below	w any foreign application fo	any foreign application(s) for patent r patent or inventor(s) certificate hav
COUNTRY	T	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
		***************************************		YES: NO:
				YES: NO:
Provisional Application				<u> </u>
I hereby claim the benefit below:	under Title	35, United States Code 5	Section 119(e) of any Unite	d States provisional application(s) lis
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J. S. Priority Claim	L	· · · · · · · · · · · · · · · · · · ·		
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Inventor's Signisture	2 Cytell	Date Care	004 April 15	· · · · ·
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Post Office Address:				
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Full Name of Joint Inventor:			Citizenship:	
Residence:				
Post Office Address:		<del></del>		
Inventor's Signature		Date		

## PATENT APPLICATION

DECLARATION AND PO		F ATTORNEY		ATTORNE	OCKET NO. 2	00209168-1
As a below named invent My residence/post office I believe I am the original joint inventor (if plural na patent is sought on the in Fluid Ejection Device	address , first ar ames ar	and citizenship nd sole inventor e listed below)	are as	and name is listed	helow) of an (	original, first and and for which a
the specification of whice ( ) was filed on		211 se	Applicat	following box is chion No. or PCT Into	ernational App	lication ble).
I hereby state that I have including the claims, as disclose all information w	/e revie amende /hich is	wed and under d by any amer material to pate	stood th	ne contents of the	above-identif e. I acknowle	ied specification.
Foreign Application(s) end/or C I hereby claim foreign priority inventor(s) certificate listed be a filing date before that of the	benefits to	under Titte 35, Unit save also identified	DEID M GILL	foreign opproduct.	any foreign applic patent or invento	ation(s) for patent or r(s) certificate having
COUNTRY		APPLICATION NUMB	ER	DATE FILED	PRIORITY CLAME	O UNDER 35 U.S.C. 119
	_				YES:	NO:
					YES:	NO:
Provisional Application  1 hereby claim the benefit und below:	lar Title 3	5, United States C	ode Section	on 119(e) of any United	d States provision	al application(s) listed
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U. S. Priority Claim I hereby claim the benefit un insofar as the subject matter manner provided by the first information as defined in Title application and the national or	ot each o paragraph 37 Code	of Title 35, United of Federal Regulat	Stetes C	ode Section 112, I aci	cowledge the du	ty to disclose material
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Send Carrespondence to: HEWLETT-PACKARD COI Intellectual Property Adm P.O. Box 272400 Fort Coilins, Colorado 80	MPANY inlatration			Dmitry R. Mi 858 655 325	likovsky	
I hereby declare that a made on information a with the knowledge imprisonment, or both false statements may j	ina bei that wil	Iful false state	ments &	and the like so n 18 of the United S dication or any pat	nade are punitates Code ar ent issued the	ishable by fine or nd that such willfu reon.
Full Name of Inventor: Tru				Chizenship: L	JS	
		San Rafael Por	rtland, O			
Post Office Address: Si	me as r	esidence				
Inventor's Signature				Date		Page 1 of 2
Rev 10/03 (DecPwr)	(Use I	age Two For Addition	al inventori	s) Signature(s))		raye I U: Z

DECLARATION AND PO	OWER OF ATTORNEY TION (continued)	ATTORNEY DOCKET NO. 200209168-1		
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indition a confinence of				
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Myllas D	Mulles	Date		
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Magneto, a contract				
		Ctrizenship:		
Full Name of Joint Inventor:				
Full Name of joint inventor:				
Residence:		Date		

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(Use Page Two For Additional Inventoris) Signature(s))

Page 2 of 2